Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II	Santa Fe, New Mexico		30-025-30459
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. LG 07267
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name 00 2306
1. Type of Well: OIL GAS WELL XX WELL OTHER			Chiso -D- 8711 JV-P
2. Name of Operator			8. Well No.
BTA Oil Producers 3. Address of Operator			1
104 S. Pecos, Midlan	d. TX 79701		9. Pool name or Wildcat Wildcat (Strawn)
4. Well Location	u, 111 19101	<u> </u>	wildcat (Strawn)
Unit Letter \underline{K} : $\underline{1}$	980 Feet From The South	Line and	2310 Feet From The West Line
Section 23	Township 22S Ra	nge 34E	NMPM Lea County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.) 3467 'RKB	
11. Check	Appropriate Box to Indicate 1		eport, or Other Data
NOTICE OF IN			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB
OTHER:		OTHER: P1	ug back & Testing
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
9-10-96 MIRU w/o rig. POH w/ tbg & pkr.			
9-11-96 RU wireline, RIH w/ 5" CIBP, set @ 12,780'. cap w/ 40' cmt. Load hole w/brine. Test csg to 1500 psi for 10 min.			
9-13-96 Spot 100 gal acid. Perf Strawn @ 11,902' - 11,918'. Swab & test.			
9-15-96 RIH w/ 5" CIBP @ 12,740' cap w/ 40'cmt.			
9-17-96 A $_{\rm W}/1500$ gal. Swabbing & testing.			
		halist	
I hereby certify that the information above in true and complete to the best of sty knowledge and belief. SKINATURE Administrator DATE 9/30/96			
TYPE OR PRINT NAME DOTOTRY		ie Regulatory A	dministrator DATE 9/30/96 (915) 682-3753. TELEPHONE NO.
(This space for State Use)			
			OCT 1 to see
APPROVED BY		LE	DATE OCT 6 1990